

NSAIDs AND COX 2 INHIBITOR PA SUMMARY

PREFERRED	All Generic Products (except Meloxicam suspension), Diclofenac, Etodolac, Fenoprofen, Flurbiprofen, Ibuprofen, Indomethacin, Ketoprofen, Ketorolac Tromethamine, Meclofenamate Sodium, Meloxicam tablets, Nabumetone, Naproxen Sodium, Oxaprozin, Piroxicam, Sulindac, Tolmetin Sodium
NON-PREFERRED	Branded versions with generic equivalents, Anaprox/DS, Arthrotec, Ansaid, Cataflam, Celebrex, Clinoril, Daypro, Feldene, Indocin/SR, Meloxicam suspension, Mobic, Motrin, Nalfon, Naprelan, Naprelan Pack, Naprosyn, Ponstel, Tolectin, Voltaren/XR, Zipsor

LENGTH OF AUTHORIZATION: 1 Year

NOTE: *Approval of non-preferred agents Arthrotec, Ponstel, Indocin, Nalfon, and Naprelan 375mg requires use of at least 2 generic NSAIDs for at least 14 days of therapy each in the past 6 months. All other non-preferred agents must meet the criteria below.*

PA CRITERIA:

For non-preferred agents other than Meloxicam suspension and Celebrex

- ❖ Submit documentation of allergies, contraindications, drug-drug interactions, or show a history of intolerable side effects to 2 generic NSAIDs.

For Meloxicam suspension

- ❖ Provider must explain why meloxicam tablets or other generic preferred NSAIDs cannot be swallowed

AND

- ❖ Submit documentation of allergies, contraindications, drug-drug interactions, or show a history of intolerable side effects to naproxen suspension (preferred liquid product).

For Celebrex

- ❖ Approvable for the diagnosis of familial adenomatous polyposis (FAP)

OR

- ❖ Approvable for juvenile rheumatoid arthritis, acute pain, primary dysmenorrheal, ankylosing spondylitis, osteoarthritis, or rheumatoid arthritis

AND

- ❖ Submit documentation of intolerable side effects to at least 2 generic NSAIDs within the last 6 months. Celebrex is approvable without use of generic NSAIDs for members currently taking an anticoagulant or chronic

oral corticosteroid therapy or for members with a history of a GI bleed, NSAID-induced ulcer, peptic ulcer disease, or a history of platelet dysfunction or coagulopathy.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **SXC Health Solutions at 1-866-525-5827**.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process please go to www.ghp.georgia.gov, select the Provider Information tab, click on “view full text” in the Pharmacy Services box, click on “Prior Approval Process” in the list on the left.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limit please go to www.ghp.georgia.gov, select Provider Information, click on “view full list” in the Medicaid Provider Manuals box then select Pharmacy Services from the list shown.